

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/341,994	10/28/99	381	2743	022577-579

APPLICANT ROBERT J. FRETZ, MAPLEWOOD, MN; CLIFF MILLER, BLOOMINGTON, MN; DAVID BARNARD, MADISON, WI.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/053,031 07/18/97

N/A PSL

****371 (NAT'L STAGE) DATA*******

VERIFIED THIS APPLN IS A 371 OF PCT/US98/14795 07/17/98

N/A PSL

****FOREIGN APPLICATIONS*******

VERIFIED

N/A PSL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/18/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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TITLE BEHIND THE EAR HEARING AID SYSTEM

FILING FEE RECEIVED \$1,366	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 5901

SERIAL NUMBER 09/341,994	FILING OR 371(c) DATE 10/28/1999 RULE	CLASS 381	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 022577-579	
APPLICANTS ROBERT J. FRETZ, MAPLEWOOD, MN; CLIFF MILLER, BLOOMINGTON, MN; DAVID BARNARD, MADISON, WI;					
** CONTINUING DATA ***** This application is a 371 of PCT/US98/14795 07/17/1998 and claims benefit of 60/053,031 07/18/1997					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/23/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials <u> </u>		STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 6
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TITLE BEHIND THE EAR HEARING AID SYSTEM					
FILING FEE RECEIVED 2304	FEES: Authority has been given in Paper No. <u> </u> to charge/credit DEPOSIT ACCOUNT No. <u> </u> for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <u> </u> <input type="checkbox"/> Credit		